SouthDerm
Solutions in Dermatology

SouthDerm & Southern Suburbs Day Procedure Centre
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PATIENT PROFILE

(PLEASE PRINT CLEARLY)

PATIENT DETAILS

Title: Surname: Given Names:

Address: Known as:

Postcode:

DOB: Age: Sex:

Mobile: Occupation:

PATIENTS 16 YEARS AND OVER MUST ENTER THEIR OWN MOBILE NUMBER

Email: *(Please print in capitals)*

Marital Status: ☐ Single ☐ Married ☐ Defacto ☐ Separated ☐ Divorced ☐ Widowed

Medicare Number: __ __ __ __ __ __ __ __ __ __ __ Reference: __ Expiry Date: __ __ /__ __ __ __

If claiming the rebate on behalf of child

Parent Name: Parent DOB: __ __ /__ __ /__ __ __ __ Parent Medicare Ref: __

Relationship to child:

Private Health Fund: **Member Number:**

Aged Pension Card Number: Expiry Date:

DVA/Repatriation Number: Card Colour: ☐ WHITE ☐ GOLD

☐ Aboriginal Origin ☐ TSI Origin ☐ Neither ☐ Decline to answer

Are you a permanent resident of Australia? ☐ Yes ☐ No

Country of Birth: Language spoken at home:

FAMILY DOCTOR

Name:

Practice Name & Address:

ALLERGIES

PLEASE COMPLETE NEXT PAGE →

CURRENT MEDICATIONS

PERSON TO CONTACT IN EMERGENCY

Name: Relationship to Patient:

Mobile Number:

SETTLING YOUR ACCOUNT

Fees are payable on the day. Accounts NOT settled on day of service will attract a 20% service fee and GST.
Non-attendance of an appointment may result in a cancellation fee being charged.

I accept responsibility for my account and agree to the above conditions.

PRIVACY/YOUR PERSONAL HEALTH INFORMATION

We acknowledge our obligations to you under the Privacy Act 1988 and the Privacy Amendment Enchancing Privacy Protection Act 2012 and the Health Records and Information Privacy Act 2002. We assure you that both your privacy and dignity will be maintained at all times. Medical records will be held relating to your medical treatment. The contents of your medical records will only be divulged with your consent or where justified by law. Our privacy policy is available on request.

PRIVACY CONSENT

- I hereby consent to the collection and use of my personal health information (including clinical photographs if applicable) for the purpose of my care and well-being, and in accordance with the reporting requirements under legislation.
- As part of maintaining quality of care and best practice standards consistent with the relevant code of ethics, your treating doctor and other members of the multi-disciplinary team may discuss your treatment as part of professional and/or clinical supervision.

Would you like to subscribe to news and updates from Southderm via email? ☐ Yes ☐ No

Patient Signature: **Date:**

Patient Representative Signature:

Relationship to Patient: Date: